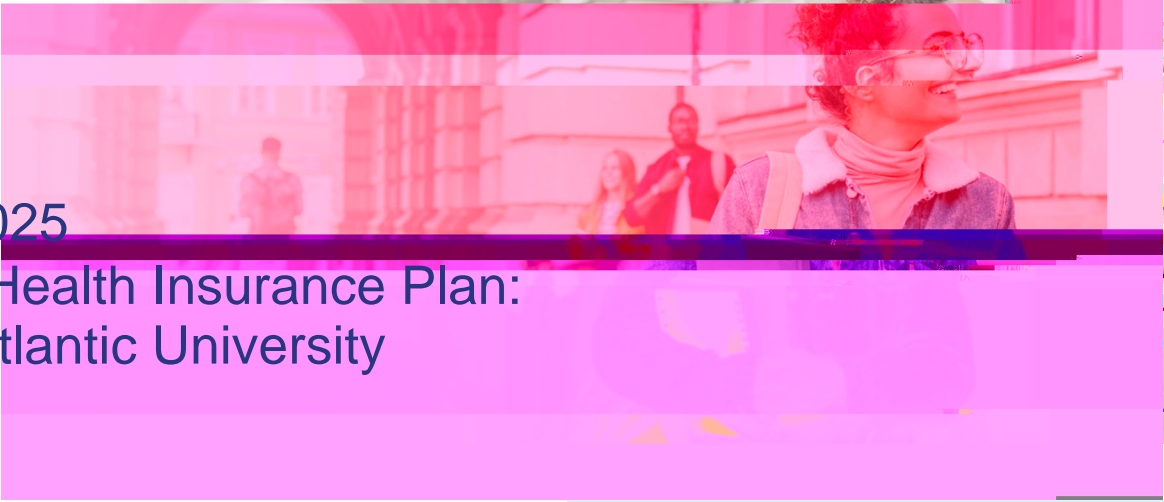




2024 - 2025

Student Health Insurance Plan: Florida Atlantic University



Who can enroll?

All international students and scholars with non-immigrant status in the United States (those who have not been granted permanent residency status) while engaged in educational classes. Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age. The Named Insured may also cover a Dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances. See the Definitions section of the Certificate for the specific criteria on the eligibility requirements that the student actively attend classes. The Company maintains the right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount
Find an in-network provider	Choice Plus
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assistance, UHC Global)	uhcsr.com/myaccount

Coverage periods and plan cost

	Annual	Fall	Spring/Summer	Summer
Coverage dates	08/14/24 - 08/13/25	08/14/24 ... 12/31/24	01/01/25 ... 08/13/25	05/08/25 - 08/13/25
Student	\$1,843.00	\$707.00	\$1,136.00	\$495.00
Spouse	\$8,927.00	\$3,424.00	\$5,503.00	\$2,397.00

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Rates are subject to regulatory approval and may change.
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Plan highlights

Metallic Level: Gold with actuarial value of 87.170%

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$400 Per Insured Person, per Policy Year	\$800 Per Insured Person, per Policy Year
Out-of-Pocket Maximum After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.	\$5,000 Per Insured Person, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$10,000 for all Insureds in a family, Per Policy Year
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$40 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	